

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 8

Registrar's No. _____

1. Place of Death: (a) County Apache (b) City or Town Eagar (c) Location Arizona
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 7 days; In Arizona 7 days
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Apache (c) City or Town Eagar
(If outside city limits also write RURAL)

(d) Street No. _____ (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____

3. (a) FULL NAME June Rencher (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased June 5 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
hrs. _____ min. _____

9. Birthplace Eagar Apache County Arizona
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

Father { 12. Name George D. Rencher
13. Birthplace St. Johns Arizona
(City, town or county) (State or Country)

Mother { 14. Maiden Name Elda Blumfield
15. Birthplace Reina New Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. W. J. Le Sueur

(b) Address Eagar Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Eagar (c) Date June 12 1944

18. (a) Embalmer's Signature _____

(b) Funeral Director _____

(c) Address Friends

19. (a) July 20 1944
(Date received Local Registrar)

(b) Mrs. H. H. Heaster
(Registrar's Signature)

18 30M-100% Rag-5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 11, 1944;
TIME (Hour and minute) 2 pm M.

21. I hereby certify that I attended the deceased from
June 5, 1944 to June 11, 1944;
that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death Premature birth

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Mrs. W. J. Le Sueur L.R.

Address Eagar Ariz. Date signed July 20, 1944

Mrs. H. H. Heaster Feb 25, 1945

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically